

CRIMINAL RECORD CLEARANCE SUBMISSIONS

Licensee name				Date	Facility name			
Facility address					City			
LAST NAME	FIRST NAME	DATE OF BIRTH (mm/dd/yy)	SOCIAL SECURITY NUMBER	POSITION/TITLE	DATE OF HIRE (mm/dd/yy)	L&C USE ONLY		
						Prior Conviction		
						Yes	No	Date Clearance Obtained
					Signature		Date	

INSTRUCTIONS: *List all personnel of ICF/DD, ICF/DD-H, and ICF/DD-N facilities. The list is to include the following individuals: all current and future direct care employees, including licensed personnel; administrator; licensee (including all board officers and directors, i.e., members); any adults living at the facility; and consultants who are directly providing programs and/or nursing services to clients. If the consultants are “independent contractors” and not an employee of the facility, they are exempt from these fingerprints, however, the applicant must submit a written statement to that effect.*